BENEFICIARY DESIGNATION FORMS

- 1) Beneficiary Designation Forms are to be completed by the member and forwarded to the Retirement Office. You may wish to make a copy for your files.
- 2) The employee's name, social security number and agency <u>must</u> be entered for identification purposes.
- 3) The employee must sign the change before submitting it.
- 4) Each time a change of beneficiary is made, the change must be witnessed. Any person not named as a beneficiary may sign as the witness.
- (5) The form must include the name of the beneficiary, the relationship to the employee, the social security number of the beneficiary and the beneficiary's date of birth. The employee is required to sign the form and have his/her signature notarized. If the form has not been notarized, it will be returned for completion.
- 6) If the employee wishes to list more than one beneficiary, he/she may do so.

Please advise your employees of the importance of designating a beneficiary and keeping the designation current.

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SAMPLE FORMS

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SAMPLE FORMS Beneficiary Designation FormPage 2

	Primary Beneficiary(ie	s)		
for the following person(s) or entity(ies) t (%), all persons, including those listed				
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Name of Beneficiary	Relationship	Social Security Nur	nber	Date of Birth
Address	City	State	Zip	,
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CHANGING INVESTMENTS

Members may change their investment allocation or the state allocation as often as they wish. Changes must be made in increments of 5%. The sum of the employee and

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SAMPLE FORM Investment Change Form

Nebraska State Employees Retirement System

<u>Nebraska Sta</u>	ate Employees Retirement Sys	To other osc only
	Change Form Please type or print in ink	Initials
	rease type of print in ink	Date
Name		Fhdr.
Agency	Social Security	v Number
	ember Investment Election	, I (dilloof
Please Note: You must make your selections in 5% in		mh an fam d
I elect to have my member contributions invested in th	•	
•		•
• •	% Moderate Pre-mix Fund (23)	
•	% Aggressive Pre-mix Fund (22)	
% Bond Market Index (18)		% International Stock Fund (17)
%Conservative Pre-mix Fund (21)	% Large Co. Growth Stock Index (19)	
The Funds listed above are not guaranteed either hold my employer harmless for any losses in the	as to the rate of return or against loss of prince accounts.	ncipal, by my employer. I agree to
my employed natifices for any losses in the	Member Transfers	
A transfer will move existing member funds f Stable Fund and a "Competing Fund", speci allowed. Transfers between such "Competin Important: When transferring out of a f % to clarify transfer amount.	fically the Money Market Fund and the C ag Funds" via another separate account are	onservative Pre-mix Fund is not restricted for three months.
Transfer\$ or % from the	Fund into the _	Fund
Transfer \$ or % from the	Fund into the	Fund
Emp Please Note: You must make your selections in 5% increa	ployer Investment Election ments. The total must equal 100% of your employ	er fund.
I elect to have my employer contributions invested in the f	ollowing manner. I understand these changes affect	et new employer contributions only.
%Employer Conservative Fund (07)	% Employer Moderate Fund (09)	6 Employer Aggressive Fund (08)
The Funds listed above are not guaranteed either as hold my employer harmless for any losses in these a	ccounts.	al, by my employer. I agree to
A transfer will move existing employer funds from ring out of a fund, you cannot transfer into tha	Employer Transfers n one employer investment fund to another. t fund on the same day. Circle \$ or % to	Important: When transfer- clarify transfer amount.
Transfer \$ or % from the	· · · · · · · · · · · · · · · · · · ·	
Transfer \$ or % from the		
Ameritas is hereby authorized to make allowable transfers of elephone or online. All telephone instructions will be recolaim, loss or liability if telephone or online instructions as hyritten revocation by me or discontinuance of this privilege	rded by Ameritas. Neither Ameritas nor any perso ereby authorized are acted upon in good faith. This	upon instructions received from me by n acting on its behalf shall be subject to a authorization shall continue in force until
Note: You must provide a Personal Identification Number Unit (VRU) and online. This number may be changed at	x (P.I.N.) to access your account by the Voice Respany time. (Specify four numbers only , not letters	oonse)
Transfers may be made on any day that both Am	neritas and the New York Stock Exchange	e are open for regular business.
f this form is transmitted to Ameritas Life Insur- constitute original signatures and are binding on a	ance Corp. by facsimile machine, the part all parties.	ies intend that fax signatures
Aember Signature	Date	
Member Signature Mail or fax o		
To make changes online access Am		

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